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ASSESSMENT OF THE KNOWLEDGE OF PREGNANT WOMEN ATTENDING ANTENATAL CARE TOWARDS CESAREAN SECTION DELIVERY AT MUKONO CHURCH OF UGANDA HOSPITAL. A CROSS-SECTIONAL STUDY.

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Abstract

Background

Cesarean section (CS) is a critical surgical procedure employed to ensure safe deliveries in cases of complicated pregnancies. Despite its importance, misconceptions and lack of knowledge about CS among pregnant women can influence their perceptions and acceptance of the procedure. Mukono Church of Uganda Hospital serves a diverse population, and understanding the knowledge levels of pregnant women attending antenatal care (ANC) at this facility is crucial for promoting informed decision-making and improving maternal and neonatal outcomes. Therefore, this study seeks to assess the knowledge of pregnant women attending antenatal care toward cesarean section delivery at Mukono Church of Uganda hospital.

Methodology

The study employed a descriptive cross-sectional study design in which 30 respondents were selected. Quantitative data was collected to assess the knowledge and attitudes of pregnant women towards CS. This study design was selected because it would assist in the easy collection of the required data for the study within the appropriate time.

Results

The majority (87%) of the pregnant women knew cesarean section as a mode of delivery and when asked about the risk they knew about cesarean section delivery, the majority (53%) mentioned death as a risk that results from CS delivery. 10% said losing a lot of blood while 37% said over to stay in a hospital and thus chances of infections.

Conclusion

Although the majority of the women were aware of CS there was still a low level of knowledge on the surgery in Mukono Church of Uganda hospital.

Recommendation

The Ministry of Health should support more health talks in the communities to sensitize mothers and girls of childbearing age on the reasons, importance, and need for a caesarian delivery.

Keywords: *Knowledge of pregnant women, Caesarian section delivery, Mukono Church of Uganda hospital.*
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Background of the study

Knowledge, attitude, and willingness to accept Caesarean Section among women in Southwest Nigeria, the majority (96.2%) of them were aware and had heard about CS. In the same study, 68.9% and 61.3% of the respondents knew that prolonged labor due to a big baby and bleeding per virginal before delivery were some of the indications for CS (Ogunlaja et al., 2018).

Similarly, a study carried out by Afaya et al., (2019) about the Knowledge of Pregnant Women on Caesarean Section in Northern Ghana, showed that 376 (96%) had already heard about CS while 13 (4%) had never heard about CS. Of those who heard about CS 70 (23%) of them heard from one source while 234 (77%) heard from various sources; such as health workers, media, and family. The commonest sources of information for these women were the health workers 34.4% of them heard it from health workers, whereas 26.5%heard from relatives, and the remaining 20.8% heard about CS delivery from the media. From the participants of this study, only 13.5% of the clients knew the indications of CS and could state some but they gave, the cervix unable to open, a big baby, the baby not lying well, and the mother too ill (Afaya et al., 2019).

In Ethiopia a study of determinants of cesarean section deliveries in public hospitals of Addis Ababa, results showed that a bigger number 198 (90.41%) of women correctly held the opinion that women with medical conditions such as hypertension can have a cesarean section (Gebreegziabher et al. 2020). Contrary to Gebreegziabher et al. (2020) a study of prevalence and factors associated with cesarean section in a comprehensive specialized hospital in Ethiopia, showed that when respondents were asked if a baby with a

malpresentation at birth can be delivered by a cesarean section, only 42.5 % of the respondents were correct with their "Yes" responses. The rest of the respondents were incorrect with their "No" responses showing a lack of knowledge of the baby with a malpresentation. However, in this study, more than 90% of respondents were correct in their view that twins and triplets can be delivered by a cesarean section delivery, and also most respondents were correct in their view that big babies should be delivered by a cesarean section and all this exhibited good knowledge (Taye, et al.,2021).

In addition, a study of the health facility cost of cesarean delivery at a Rural District Hospital in Rwanda Using Time-Driven Activity-Based Costing reported that only 39.5% of the respondents had adequate knowledge of cesarean delivery (Odhiambo, et al., 2019). This finding was similar to other previous studies among Nigerian and Ghanaian women (Akinlusi, Rabiu, & Durojaiye, 2018; Gomez et al. 2018). This might have been because as much as 62% and 63% of the pregnant women in these studies said their main sources of information on CS were the media and from family and friends which are usually unreliable sources unlike knowledge gained at antenatal clinics. Therefore, the objective of this study is to assess the knowledge of pregnant women attending antenatal care toward cesarean section delivery at Mukono Church of Uganda hospital.

Methodology

Study Design and rationale

The study employed a descriptive cross-sectional study in which 30 respondents were selected. Quantitative data was collected to assess the knowledge and attitudes of pregnant women towards CS. This study design was selected because it would assist in the easy collection of the required data for the study within the appropriate time.

Study Area and rationale

The study was conducted at Mukono Church of Uganda Hospital in Mukono District. The hospital was founded by the Church of Uganda and is designated as one of the internship hospitals in Uganda, where graduates of Ugandan medical schools can serve one year of internship under the supervision of qualified specialists and consultants. With a 70-bed capacity, the health facility offers both general and specialized services to an average of 160 patients in the Outpatient Department (OPD) and 20 in-patient admissions every day. Mukono Church of Uganda Hospital is located on the Kampala-Jinja Highway, in the town of Mukono, approximately 20 kilometers (12 mi), east of Kampala, the coordinates of the hospital are:
0°21'40.0"N, 32°44'49.0"E (Latitude:0.361123; Longitude:32.746941)

Study population

The study focused specifically on pregnant women attending antenatal care at Mukono Church of Uganda Hospital.

Sample Size Determination

The sample size was 30 respondents. This was manageable due to limited time, and limited resources for data collection. It is also the recommended minimum sample size according to the research guideline UNMEB.

Sampling Procedure and Rationale

Simple random sampling methods were applied in this research to obtain the required number of respondents. The researcher wrote the words Yes and No on 60 pieces of paper where 30 being yes and 30 being no and inserted them into an enclosed box. The researcher offered potential respondents an opportunity to participate in the study by picking papers from the enclosed box and any respondent who picked a paper with the word „Yes" written on it was allowed to participate. This continued until a total of 30 respondents was achieved. Simple random sampling methods were used due to the ready availability of respondents at the Hospital and it also ensured no bias because everybody got an equal opportunity to participate in the study.

Inclusion Criteria

The study considered all pregnant women attending antenatal care at Mukono Church of Uganda Hospital who voluntarily consented to participate in the study on the day of data collection.

Dependent variable

Cesarean section delivery.

Independent Variable

Knowledge (Education level, information, awareness of cesarean section delivery)
Attitude (Positive, Negative, Neutral).
Perception of pregnant women attending antenatal care towards cesarean section delivery at
Mukono Church of Uganda Hospital

Research Instruments

Data collection was done using a self-administered questionnaire which included closed-ended, and open-ended questions. The open-ended questions enabled the respondents to exhaust the questions posed to them thus giving their details and opinions.

Data Collection Procedure

Pre-visiting

An introductory letter from the Lubaga Hospital Training School administration was obtained and presented to the Mukono Church of Uganda Hospital administration before the day of data collection for permission to conduct this study. The Questionnaires were administered to the respondents who filled them out at their time of convenience and for those who could not fill them out, the data collectors helped them to fill them out while they answered. During data collection, the rights of individuals were respected and the researcher obtained consent from them.

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Data Management

Data was checked for completeness and consistency. Before the final analysis, data was coded and questionnaires with missing variables, information, or mistakes were left out. Then data was entered into the computer and thereafter were cleaned by comparing the raw data to the electronically entered data to check for data entry and coding errors.

Data analysis

After the collection of data, responses from the questionnaires were studied to make sure that the information obtained was complete, consistent, accurate, and reliable. Analysis was done using Microsoft Excel 2013 and the presentation of findings was in the form of tables, figures, and pie charts.

Ethical Considerations

The study was done following guidelines of the Uganda Nurses and Midwives Examination Board standard research guidelines for Diploma Nursing Programmes. Development of the research proposal and report was under the supervision of a Tutor assigned by Lubaga Hospital.

Training School issued a letter introducing the researcher to Mukono Church of Uganda Hospital for purposes of granting permission to interact with the participants. After getting permission, the researcher went ahead to obtain the required information from the respondents who consented to participate in the study.

Results

Demographic characteristics

The demographic characteristics of respondents in terms of age, education level, parity Religion, and occupation are highlighted in Table 4.1, Figure 4.1, Figure 4.2, Figure 4.3, Figure 4.4, and Figure 4.2.5 respectively as shown below.

Age group and education level of respondents

The age groups and education levels of the respondents were identified as shown in Table 1.

Table 1: Age of respondents and level of education n=30

Age	**Frequency**	**Percentage (%)**
20 years and below	1	3
21 – 29 Years	16	53
30 – 39 Years	11	37
40 Years and above	2	7
Total	**30**	**100**
Education level		
No formal Education	1	3
Adult Education	2	7
Primary Education	3	10
Secondary Education	15	50
Tertiary institution	10	30
Total	**30**	**100**

Results in Table 1 show that, majority 16(53%) of the respondents were from the age group 21 to 29 years, followed by 11(37%) in the age group 30 to 39 years, 2(7%) were from the age group 40 years and above while the minority 1(3%) were below 20 years. Regarding the education level of respondent's majority 15(50%) had a secondary education level, nearly half 10(30%) of the respondents were in tertiary education, a few 3(10%) were in primary education, 2(7%) attended adult education while the minority 1(3%) had no formal education.

Parity

The study sought to find out the parity of the respondents and the results are presented in Figure 1

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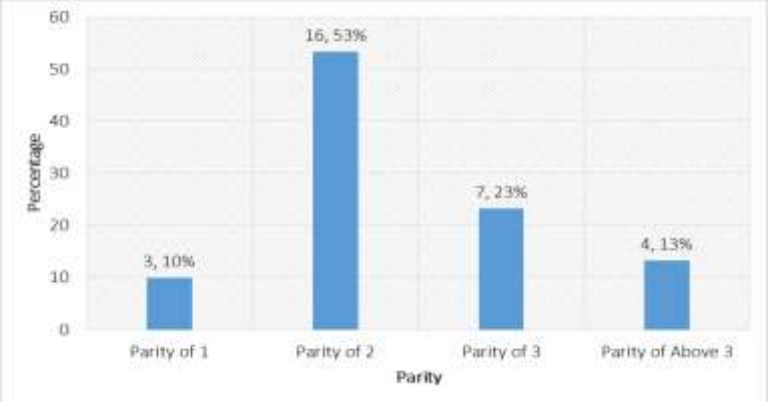
Figure 1 Parity n = 30



Results in Figure 1 show that the majority 16(53%) of the respondents had two deliveries, followed by 7(23%) with three deliveries, 4 (13%) had three and above deliveries while the minority 3(10%) had one delivery. This implies that a bigger percentage (83%) had more than one delivery.

The employment status of the respondents

The employment status of the respondents was also considered and results are presented in Table 2.

Table 2 Occupation of the respondents n = 30

Occupation of the respondents	Frequency	Percentage (%)
House Wife	6	20
Not working	8	27
Self-employed	10	33
Employed by Government	2	7
Peasant	4	13
Total	**30**	**100**

Results in Table 2 show that the majority 10(33%) of the respondents were self-employed, 6(20%) were housewives, 8(27%) were not working, 2 (7%) were government employees and 2(13%) were peasants. This implies that more than half 16(53%) of the respondents had an occupation.

Knowledge of pregnant women attending antenatal care toward cesarean section delivery.

The study sought to assess the knowledge of pregnant women attending antenatal care toward cesarean section delivery at Mukono Church of Uganda hospital, results are presented in Table 3 and Table 4.

Awareness of respondents about cesarean section delivery

The study wanted to find out the level of awareness among pregnant women about cesarean section delivery. The findings are presented in Table 3.

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Table 3 Awareness of respondents about cesarean section delivery n=30

Variable	Detail	Frequency	Percentage (%)
Whether respondents had heard about CS.	Yes	26	87
	No	4	13
Total		**30**	**100**
If yes from where	Health workers	16	53
	Neighbors / Friend	5	17
	Relatives	5	17
Total		**26**	**87**
Respondents response on the risk they know about CS	Death	16	53
	Losing a lot of blood	3	10
	Overstay in a hospital	11	37
Total		**30**	**100**
Respondents responded on the benefits they know of CS	No labor pain	18	60
	safer route of delivery	11	37
	no episiotomies	1	3
Total		**30**	**100**
Usual hospital stay after a CS Surgery	women are discharged within a week after surgery	19	63
	Four days	8	27
	Two weeks	3	10
Total		**30**	**100**

Results in Table 3 show that the majority 26(87%) of the respondents had heard about cesarean section delivery, while a few 4(13%) agreed that they had not heard about cesarean section delivery. Among those who had heard about cesarean section delivery, the majority 16(53%) heard it from health workers, 5(17%) heard it from Neighbors / Friends, and 5(17%) heard about cesarean section delivery from relatives.

When respondents were asked about the risk they know about cesarean section delivery, the majority 16(53%) mentioned death as a risk that results from CS delivery, 3(10%) said losing a lot of blood while 11(37%) said over to stay in a hospital which increases chances of getting other infections. Regarding the benefits respondents knew about CS, the majority 18(60%) said no labor pain, and 11(37%) said that cesarean section delivery is a safer route of delivery. However, very few 1(3%) were not sure of the benefits of cesarean section delivery.

Concerning the usual hospital stay after a CS surgery, more than half 19(63%) of the respondents said that women are discharged within a week after surgery if there are no other complications, 8(27%) agreed that women are discharged after four days while the minority 3(10%) said that women are discharged within two weeks after surgery. Based on these findings it seems knowledge of hospital stay after surgery is lacking among the respondents.

Whether respondents consider cesarean section delivery important.

The study sought to find out whether the respondents had gone through a CS delivery and if so how many times and finally if they consider cesarean section delivery as important. Results are presented in Table 4.

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Table 4: Whether respondents consider cesarean section delivery important n=30

Variable	Detail	Frequency	Percentage (%)
Whether the respondent had ever gone through a CS delivery.	Yes	9	30
	No	21	70
Total		**30**	**100**
The number of times respondents had ever undergone CS delivery.	Once	3	33
	Twice	5	56
	Three to four times	1	11
Total		**9**	**100**
Whether respondents consider CS delivery important.	Yes	26	87
	No	4	13
Total		**30**	**100**
Whether respondents knew some of the indications of CS delivery.	Yes	26	87
	No	4	13
Total		**30**	**100**

Results in Table 4 show that 9(30%) of the respondents had ever gone through a CS delivery while the majority 21(70%) had never gone through a CS delivery. Of those who had ever gone through CS delivery, 3(33%) had ever undergone CS delivery Once, the majority 5(56%) had ever undergone CS delivery two times while 1 (11%) had gone through CS delivery Three times.

Regarding whether the respondent considers CS delivery important, the majority 26(87%) of the respondents agreed that they consider CS delivery important while a few 4(13%) respondents did not agree that CS delivery is important. Those who consider CS delivery important agreed that they knew some of the indications of CS delivery.

Discussion

The study findings revealed that the majority (87%) of pregnant women were aware of caesarean section as a mode of delivery. This shows that the mothers had knowledge of a C/S considering the 13% of the mothers that were not aware of caesarian section. This implies that mothers had good knowledge about a caesarian birth and were well-sensitized on different modes of delivery during their ANC visits. This level of awareness among pregnant women found in this study is higher than that found in some previous studies conducted in Uganda (Atuheire, et al., 2019). The difference could be due to the difference in study designs, study population, and the years between the studies.

When asked about the risk they knew about caesarean section delivery, the majority of the mothers (53%) mentioned death as a risk, which results from CS delivery, and this scares them from using CS delivery. The percentages in this study are lower than those of Diema, Baku, Japiong, Dodam, & Amoah, (2019) who reported that 81.8% of pregnant women knew most of the caesarean delivery risks and felt that would accept CS if they knew that the situation they are in will put their life or that of the baby's life at risk,

However, based on the findings of this study it seems knowledge of hospital stay after surgery was good among the respondents because more than half (63%) of the respondents said that women are discharged within a week after surgery if there are no other complications. This is correct because the average hospital stay after C-section delivery is 2 to 4 days however, recovery takes longer than virginal birth. This is in agreement with Taye, et al., (2021) who reported more than half of the women were

correct in their view that the hospital stay is within a week.

Regarding awareness of the indication for CS, more than half (77%) of the respondents mentioned choice of the mother, known HIV seropositivity, and excessive bleeding as the largest indicators of CS, Pre-Eclampsia / Eclampsia, mal-presentation, post-term baby, and a sizable number mentioned previous scar. This could probably be because pregnant women are health-educated on CS including its indication during ANC visits. This finding concurs with those of a study by Ogunlaja et al.,(2018) which reported that the majority of the respondents knew that prolonged labor due to a big baby was an indicator of CS delivery. This was also similar to another study by Lawani et al, (2019). which noted that most of the pregnant women had knowledge about the indications of CS and could state some but the given ones were: the cervix being unable to open, a big baby, the baby not lying well, and the mother being too ill.

Concerning the awareness about who should conduct a CS delivery, findings revealed that the majority (77%) of the respondents said that a Doctor should perform CS delivery, which showed good knowledge about who should conduct CS delivery; however, they preferred vaginal delivery even though they had high awareness of who is supposed to conduct the CS delivery. This could be because respondents seemed to be discouraged by the fact that cesarean section deliveries are very risky to both a mother and child, there is a long recovery period, and it often causes more complications than vaginal delivery. These findings agree with other previous studies among Nigerian and Ghanaian women (Akinlusi, Rabiu, & Durojaiye, 2018; Gomez et al. 2018). This might have been because the pregnant women in these studies said their main sources of information on CS were the antenatal clinics, which provide proper knowledge on who should conduct CS deliveries. However, still, these studies indicated that women preferred vaginal delivery despite their knowledge of CS delivery.

Conclusion

Although the majority of the women were aware of CS there was still a low level of knowledge on the surgery in Mukono Church of Uganda hospital. Whilst the majority of them were willing to undergo the surgery when necessary, some few women would still not accept to undergo CS under any circumstances.

Recommendation

The Ministry of Health should support more health talks in the communities to sensitize mothers and girls of childbearing age on the reasons, importance, and need for a caesarian delivery.

The ministry should encourage all health workers to identify risk mothers early enough during antenatal care visits and make sure they get to be aware of their mode of delivery this will reduce such risks and mothers will be well prepared.

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Finally, I would also like to thank my parents, brothers, and sisters, for their encouragement and profound understanding.

List of Abbreviations

ANC: Antenatal clinic
CS: Caesarean Section
DHS: Demographic Health Survey
MDCS: Maternal Demand for Cesarean Section
PPROM: Prolonged premature rupture of membrane
UBOS: Uganda Bureau of Statistics
UDHS: Uganda Demographic Health Survey
UK: United Kingdom
UNICEF: United Nations Children‟s Fund
USA: United States of America
WHO: World Health Organisation
SVD: Spontaneous vaginal delivery

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Conflict of interest

No conflict of interest declared

Authors' Biography

Angella Namusaazi. E is a student of diploma in Midwifery at Lubaga Hospital Training Schools, NelsonK Akande is a tutor at Lubaga Hospital Training Schools and Jane Frances Namuddu is a principal tutor at Lubaga Hospital Training Schools.

References

1. Afaya, R. A., Bam, V., Apiribu, F., Agana, V. A. and Afaya, A. Knowledge of Pregnant Women on Caesarean Section and their Preferred Mode of Delivery in Northern Ghana, NUMID HORIZON: An International Journal of Nursing and Midwifery, 2018; 2(1), 62-73
2. Akinlusi F.M, Rabiu K.A, Durojaiye I.A, Adewunmi AA, Ottun T.A, Oshodi Y.A (2018).

3. Cesarean delivery-related blood transfusion: correlates in a tertiary hospital in Southwest Nigeria. BMC Pregnancy and Childbirth 18:24
4. Diema Konlan K, Baku EK, Japiong M, Dodam Konlan K, Amoah RM. Reasons for women's choice of elective caesarian section in Duayaw Nkwanta Hospital. J Pregnancy 2019; 2019:2320743.
5. Gebreegziabher Hailu A, Kebede Fanta T, Tekulu Welay F, Etsay Assefa N, Aregawi Hadera S, Aregawi Gebremeskel G, et al. Determinants of cesarean section deliveries in public hospitals of Addis Ababa, Ethiopia, 2018/19: a case-control study. Obstet Gynecol Int. 2020; 2020: 9018747.
6. Gomez PP, Nelson AR, Asiedu A, Addo E, Agbodza D, Allen C, et al. Accelerating newborn survival in Ghana through a low-dose, high-frequency health worker training approach: a cluster randomized trial. BMC Pregnancy Childbirth. 2018; 18:72. https://doi.org/10.1186/s12884-018-1705-5.
7. Lawani L.O, Igboke F.N, Ukaegbe C.I, Anozie O.B, Iyoke C.A, Onu F.A et al (2019).Perception and Sociocultural Barriers to the Acceptance of Caesarean Delivery in A Tertiary
8. Hospital in Abakaliki, South East Nigeria. Int J Women‟s Health Reprod Sci. 7(2):163168.
9. Odhiambo J, Ruhumuriza J, Nkurunziza T, Riviello R, Shrime M, Lin Y, et al. Health facility cost of cesarean delivery at a Rural District Hospital in Rwanda Using Time-Driven Activity-Based Costing. Matern Child Health J. 2019; 23(5):613–22.
10. Ogunlaja O.A, Ogunlaja P.I, Akinola S.E, Aworinde O.O (2018). Knowledge, attitude, and willingness to accept Caesarean Section among women in South Sudan. South Sudan Medical Journal. 11(4):89-92
11. Taye MG, Nega F, Belay MH, Kibret S, Fentie Y, Addis WD, et al. Prevalence and factors associated with caesarean section in a comprehensive specialized hospital of Ethiopia: a cross-sectional study; 2020. Ann Med Surg (Lond). 2021; 67:102520.
12. Atuheire, E., Opio, N., Kadobera, D., Ario, A.R., Matovu, J., Harris, J., Bulage, L., Nakiganda, B., Tumwesigye, N., Zhu, B.-P., & Kaharuza, F. (2019). Spatial and temporal trends of cesarean deliveries in Uganda: 2012–2016. BMC Pregnancy and Childbirth, 19, 132. https://doi.org/10.1186/s12884-019-2279-6 CrossRefGoogle ScholarPubMed

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